

**DRUG UTILIZATION REVIEW (DUR) ANNUAL REPORT  
FEDERAL FISCAL YEAR 2004**

**I. STATE CODE**

WA

**II. MEDICAID AGENCY STAFF PERSON RESPONSIBLE FOR DUR ANNUAL REPORT PREPARATION**

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**III. PROSPECTIVE DUR**

1. During Federal Fiscal Year 2004 prospective DUR was conducted : (check those applicable)

- a) ☐ By individual pharmacies on-site.
- b) ☒ On-line through approved electronic drug claims management system.
- c) ☐ Combination of (a) and (b).

2. (a) States conducting prospective DUR on-site have included as **ATTACHMENT 1** (check one):

☐ Results of a random sample of pharmacies within the State pertaining to their compliance with OBRA 1990 prospective DUR requirements.

☐ Results of State Board of Pharmacy monitoring of pharmacy compliance with OBRA 1990 prospective DUR requirements.

☐ Results of monitoring of prospective DUR conducted by State Medicaid agency or other entities.

(b) States conducting prospective DUR on-line have included as **ATTACHMENT 1** a report on State efforts to monitor pharmacy compliance with the oral counseling requirement.

Yes ☒ No ☐

3. States conducting prospective DUR on-site plans with regards to establishment of an ECM system. State:

\_\_\_\_\_ Has no plans to implement an ECM system with prospective DUR capability.

\_\_\_\_\_ Plans to have an operational ECM system with prospective DUR in FFY 2004 or later.

**STATES PERFORMING PROSPECTIVE DUR ON-SITE SKIP QUESTIONS 4-8**

4. States conducting prospective DUR through an operational on-line POS system provide the following information:

- a) Operational date 3/96 (MM/YY) on which on-line POS system began accepting drug claims for adjudication from providers.
- b) Operational date 3/96 (MM/YY) on which on-line POS system began conducting prospective DUR screening.
- c) Percentage of Medicaid prescriptions processed by ECM system (where applicable) in FFY 2004 . 99.9 %

- d) Identify ECM vendor.  
Affiliated Computer Services (ACS) Inc., (facility manager)  
(company, academic institution, other organization)

1) Was system developed in house? Yes \_\_\_\_\_ No X

2) Is vendor Medicaid Fiscal agent? Yes \_\_\_\_\_ No X

- e) Identify prospective DUR (source of criteria).  
ACS/MAA/DUR Board  
(company, academic institution, or other organization)

5. With regard to prospective DUR criteria from the vendor identified in 4 (d) above, the DUR Board: (Check one)

(a) Approved in FFY 2004 all criteria submitted by the vendor.

(b) X chose to approve selected criteria submitted by the vendor.

6. States checking 5 (b) have provided DUR criteria data requested on enclosed Table 1.  
Yes X No \_\_\_\_\_

7. State prospective DUR screening includes screens run before obtaining DUR Board approval of criteria. Yes \_\_\_\_\_ No X

8. States conducting prospective DUR using an ECM system have included

**ATTACHMENT 2.** Yes   X   No       

**IV. RETROSPECTIVE DUR**

1. Identify your retrospective DUR vendor during FFY 2004 .

Medical Assistance Administration with assistance of DUR Board  
(company, academic institution or other organization)

- a) Is the retrospective DUR vendor also the Medicaid fiscal agent?  
Yes            No   X
- b) Is your current retrospective DUR vendor contract subject to rebid in FFY 2004?  
Yes            No   X

If your vendor changed during FFY 2004 , identify your new vendor.

N/A  
(company, academic institution or other organization)

- c) Is this retrospective DUR vendor also the Medicaid fiscal agent?  
Yes            No
- d) Is this retrospective DUR vendor also the developer/supplier of your retrospective DUR criteria? Yes            No

2. If your answer to question 1(c) or 1(d) above is no, identify the developer/supplier of your retrospective DUR criteria.

(2a)  
(company, academic institution, or other organization)

(2b)  
(company, academic institution, or other organization)

3. Did DUR Board approve all retrospective DUR criteria supplied by the criteria source identified in questions 1(c) and 2 above? Yes            No
4. States performing retrospective DUR have provided DUR Board approved criteria data requested on enclosed hardcopy Table 2. Yes   X   No
5. States conducting retrospective DUR have included **ATTACHMENT 3.**  
Yes   X   No

**V. DUR BOARD ACTIVITY**

1. States have included a brief description of DUR Board activities during FFY 2004 as **ATTACHMENT 4.** Yes   X   No
2. States have included a brief description of policies used to encourage the use of therapeutically equivalent generic drugs as **ATTACHMENT 5.** Yes   X   No

**VI. PROGRAM EVALUATION/COST SAVINGS**

1. Did your State conduct a DUR program evaluation/cost savings estimate in FFY 2004? Yes   X   No
2. Did you use Guidelines for Estimating the Impact of Medicaid DUR as the basis for developing your program evaluation/cost savings estimate?  
Yes   X   No
3. Who conducted your program evaluation/cost savings estimate?  
  
Medical Assistance Administration  
(company, academic institution, or other organization)
4. States have provided as **ATTACHMENT 6** the program evaluations/cost savings estimates. Yes   X   No

TABLE 1

**PROSPECTIVE DUR CRITERIA****Approval Process****FOR EACH PROBLEM TYPE BELOW****LIST (DRUGS/ DRUG CATEGORY/ DISEASE COMBINATIONS) FOR WHICH DUR BOARD CONDUCTED IN- DEPTH  
REVIEWS.**

PLEASE INDICATE WITH AN ASTERISK (\*) THOSE FOR WHICH CRITERIA WERE ADOPTED.

<b><u>INAPPROPRIATE DOSE</u></b> 1. COX-2 inhibitors* <hr/> 2. Estrogens* <hr/> 3. <hr/>	<b><u>THERAPEUTIC DUPLICATION</u></b> 1. <hr/> 2. <hr/> 3. <hr/>	<b><u>DRUG ALLERGY INTERACTION</u></b> 1. <hr/> 2. <hr/> 3. <hr/>
<b><u>INAPPROPRIATE DURATION</u></b> 1. <hr/> 2. <hr/> 3. <hr/>	<b><u>DRUG/ DRUG INTERACTIONS</u></b> 1. <hr/> 2. <hr/> 3. <hr/>	<b><u>DRUG DISEASE CONTRAINDICATION</u></b> 1. COX-2 Inhibitors* <hr/> 2. <hr/> 3. <hr/>
<b><u>OTHER</u></b> <i>Monitoring for Adverse events (specify)</i> <hr/> 1. Disabled patients on psychoactive drugs (education adopted) <hr/> 2. <hr/> 3. <hr/>	<b><u>OTHER</u></b> <i>Drug-Age Contraindications (specify)</i> <hr/> 1. Antidepressants in patients <18 years of age (education adopted) <hr/> 2. <hr/> 3. <hr/>	<b><u>OTHER</u></b> <i>Use of lower cost equally effective alternatives</i> <hr/> 1. Statins*, NSAIDs*, PPIs*, ACE inhibitors*, estrogens*, beta blockers*, <hr/> 2. Calcium channel blockers*, skeletal muscle relaxants*, long acting opioids*, <hr/> 3. Urinary incontinence drugs*, triptans* oral hypoglycemics* <hr/>

**TABLE 2**

**RETROSPECTIVE DUR CRITERIA**  
(Check All Relevant Boxes)

	<b>DRUG PROBLEM TYPE</b>											
THERAPEUTIC CATEGORY	ID	IDU	OU	UU	DDI	DDC	TD	AG	O <sup>1</sup>	O <sup>2</sup>	O <sup>3</sup>	
NSAID						X		X				
ANTIDEPRESSANT			X						X			
OTHER (specify) All psychoactive drugs							X					
OTHER (specify)_ COX-2 inhibitors			X			X						
OTHER (specify)_____												

**PROBLEM TYPE KEY**

ID = Insufficient DOSE

IDU = Incorrect Duration

OU = Over Utilization

UU = Under Utilization

O<sub>1</sub> = Other Problem Type

DDI = Drug/ Drug Interaction

DDC = Drug/ Disease Contradiction

TD = Therapeutic Duplication

AG = Appropriate Use of Generics

Specify (1) Age – use in age <18 years (2) \_\_\_\_\_ (3) \_\_\_\_\_